

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530954

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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15		1				
16			1			
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18					1	
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TOTAL IND.			5			
TOTAL DEP.		←	10	←	←	←
TOTAL CLAIMS		████████	15	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.	←	10	←	←	←	←
TOTAL CLAIMS	████████	15	████████	████████	████████	████████